



## NOTICE OF PRIVACY PRACTICES

### **Your information, your rights, our responsibilities.**

This notice describes how medical information about you may be used or disclosed, and how you can get access to this information. **Please read the full document carefully.**

**Your rights.** When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibility to help protect them.

**Get a copy of your records:** (1) You can ask to see or get a copy of your *protected health information (PHI)* records and other health information we have about you. Ask us how to do this. (2) We will provide a copy or a summary of your records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records:** (1) You can ask us to correct your PHI records if you think they are incorrect or incomplete. Ask us how to do this. (2) We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications:** (1) You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. (2) We will consider all reasonable requests and say “yes” if you would otherwise be in danger.

**Ask us to limit what we use or share:** (1) You can ask us **NOT** to use or share certain PHI for services, payment, or our operations. (2) We are not required to agree to your request, and we would say “no” if it would affect your service, and make you aware of the consequences of such action.

**Get a list of those with whom we’ve shared information:** (1) You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date you ask, with whom we shared it, and why. (2) We will include all the disclosures except for those about payment, health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within a 12-month period.

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you:** (1) If you have given someone an appropriate power of attorney (POA), or if someone is your legal guardian, that person can exercise rights and make choices about your health information. (2) We will make sure the person has the authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:** (1) You can register a complaint if you feel we have violated your rights by contacting us using the information on the last page. (2) You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). (3) We will not retaliate against you for filing a complaint.

**Your choices. For certain protected health information (PHI), you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

**In these cases, you have the right and choice to tell us to:** (1) Share information with your family, close friends, or others involved in payment for your care. (2) Share information in a disaster relief situation. (3) If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information to lessen serious and imminent threat to health or safety.

**In these cases, we NEVER share your information unless you give us written permission:** (1) advertising, (2) newsletters/website, (3) with outside organizations such as Social Security, VA, Family Support Division, etc.

**In case of fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our uses and disclosures.** How do we typically use or share your PHI? We typically use or share your PHI in the following ways:

**To provide services:** We may use your protected health information to coordinate and manage your care and/or services both within the Young at Heart Resources organization, and with other persons outside the Young at Heart Resources organization, such as a service providers.

**To obtain payment:** We may use and disclose your PHI for our own operations and as necessary to provide care and services such as (1) assessments and screenings for services and benefits, (2) case management and care coordination, (3) contacting providers and consumers with information about services, care, problem solving, and other functions that do not include treatment, (4) professional review, performance evaluation, and quality control, (5) review and auditing, including compliance reviews, compliance programs, and legal reviews, (6) strategic planning, program development, and general administrative activities.

**For appointment reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment or a home visit.

**For referrals and alternatives:** We may use and disclose your PHI to tell you about or recommend possible service options, benefits, or alternatives for which you may be eligible or that may be of interest to you.

**How else can we use or share your PHI?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html)

**Help with public health and safety issues:** We can share health information about you for certain situations such as (1) preventing disease, (2) helping with product recall, (3) reporting adverse reactions to medications, (4) preventing or reducing a serious threat to anyone’s health or safety.

**To report abuse, neglect, or domestic violence:** As mandated reporters, we are required to report if we suspect you are a victim of abuse, neglect, or domestic violence. Young at Heart Resources would report to the Missouri Elder Abuse and Neglect Hotline.

**Comply with the law:** We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with privacy law.

**Address workers’ compensation, law enforcement, and other government request:** We can use or share health information about you (1) for workers’ compensation claims, (2) for law enforcement purposes or with a law enforcement official, (3) with health oversight agencies of activities authorized by law, (4) for special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our responsibilities:** (1) We are required by law to maintain the privacy and security of your protected health information. (2) We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. (3) We must follow the duties and privacy practices described in this notice and offer you a copy. (4) We will not share or disclose your protected information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind. For more information, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Changes to the terms of this notice:** We can change the terms of this notice and the changes will apply to all information we have on file about you. The new notice will be available upon request on our website or by mail to you.